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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Develle Spencer - #2006-0097519	COURT CASE NUMBER	08 C 903 <i>08c 903</i>
DEFENDANT	Thomas Dart, et al.	TYPE OF PROCESS	Summons and Complaint
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Thomas Dart, Cook County Sheriff - Cook County Dept. of Corrections		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	50 West Washington Chicago, IL 60602 <i>Room 704</i>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Develle Spencer - #2006-0097519
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

MAY 13 2008 PH

MAY 13 2008

MICHAEL W. DOBBINS

Signature of Attorney or other Originator requesting service on behalf of:

<input checked="" type="checkbox"/> PLAINTIFF	CLERK OF THE DISTRICT COURT	DATE
<input type="checkbox"/> DEFENDANT		3-20-2008

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1 of 4	No. 24	No. 24	R.T.	3-20-2008

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service Time Signature of U.S. Marshal or Deputy
<i>Carolyn McFadden Admin. Asst.</i>	
Address (complete only if different than shown above)	
	Date of Service <i>5/4/08</i> Time <i>11:30</i> pm

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
48.00	—	—	48.00	—	48.00	—

REMARKS:

1- DUSM 1- HOUR